

United States District Court

FOR THE SOUTHERN DISTRICT OF TEXAS
CORPUS CHRISTI DIVISION

AUG 26 2013

David J. Bradley, Clerk of Court

JIM Kaelin,

SHERIFF, Nueces
County Jail

(Enter above the full name of the plaintiff or plaintiffs in this action.)

VS.

Bruce Damon

DUNCAN

(Enter above the full name of the defendant or defendants in this action.)

* * * * * CIVIL ACTION NO. _____

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS PURSUANT TO 42 USC §1983
(For Use in Prisoner Litigation)

NOTE: The Clerk will not file your complaint unless it conforms to these forms and the instructions for filing which you were provided. Consult the instructions as you prepare your complaint.

DO NOT leave blanks on these forms. If an item is not applicable, state so or write "N/A." Be aware that you may be subject to penalties or sanctions by the Court (such as dismissal and assessment costs) for perjury.

I. PREVIOUS LAWSUITS

A. Have you begun other lawsuits in state or federal court dealing with the same or similar facts involved in this action?

Yes No

B. Have you begun other lawsuits in state or federal court relating to your conditions of confinement?

Yes No

C. If your answer to A or B is yes, describe each lawsuit in the space below.
(If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

1. Parties to this previous lawsuit

Plaintiffs: _____

N/A

Defendants: _____

Item C. 1. Continued

2. Court (if federal court, name the district; if state court, name the county): N/A

3. Docket number: N/A

4. Name of judge to whom case was assigned: N/A

5. Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?) N/A

6. Approximate date of filing lawsuit: N/A

7. Approximate date of disposition: N/A

Use additional page(s) for other lawsuits. Provide the same type of information as you did above for each.

II. PLACE OR INSTITUTION WHERE THIS COMPLAINT OCCURRED:

County Jail Corpus Christi T7 18401 Nueces

A. Is there a prisoner grievance procedure in this institution?
 Yes No N/A (grievance procedure)

But I was denied the right to use it (Procedure)

B. Did you present the facts relating to your complaint in the state prisoner grievance procedure?
 Yes No (Again, I was denied use of the grievance procedure BD)

C. If your answer is YES:

1. What steps did you take: But I have (4) forms Inmate
2. What was the result? Request forms to back my claim

D. If your answer is NO, explain why not:
I have (4) four forms where I tried to exhaust my remedies but have been denied the grievance procedure

E. If you are an inmate in the Texas Department of Corrections and your complaint relates to your confinement there, have you interviewed with an attorney from the Inmate Legal Services Project of the State Bar of Texas?
 Yes No

F. If your answer is NO, explain why not:

N/A

III. PARTIES TO THIS LAWSUIT

A. Name of Plaintiff: Bruce Damon Duncan
 Inmate Number: 10172842 Date of Birth: 090962
 Institution/Unit of Confinement: Nueces County Jail
 Address: P.O Box 1529 (DSJ-1) 78403 Corpus Christi, TX

B. Additional Plaintiff(s) (if any). In this space, provide the same type of information as requested in "A" above.

C. Name of Defendant: Jim Kaelin
 Official Position (employed as): SHERIFF
 Place of Employment: Nueces Co. SHERIFF
 Address for service: P.O Box 1941 78401 Corpus Christi, TX

D. Additional Defendants (if any):

Name of Defendant: _____
 Official Position (employed as): _____
 Place of Employment: _____
 Address for service: N/A

Name of Defendant: _____
 Official Position (employed as): _____
 Place of Employment: _____
 Address for service: N/A

Use additional page to list other defendants. Provide the same type of information as you did above for each.

IV. STATEMENT OF CLAIM

State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

I have enough documentation to verify the facts presented in my claim of Unjust Denial of a Right Without just Cause. I only have (2) dates but this has occurred more than once, all that need to be did is check the Post Office within

(Continued)

Additional space for "Statement of Claim":

the last month and see when the Mail was picked up and dropped off. The (2) two dates are 8-12-13 and 8-21-13 that I have, but all together it has happened (4) four times to date since 7-22-13. The Court will find out that upon a little or small investigation that this is a open and shut claim. I have faith that this problem will be rectified by me contacted

this Court. Thank you

V. RELIEF

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

I prayerfully request that the Mail be monitored aggressively and a new Mail clerk be appointed, A.S.A.P. Make sure that mail is delivered on time in timely fashion Everyday that is not a Federal holiday. That the Sheriff be reprimanded for letting this grave injustice even start to occur. Thank you

VI. VERIFICATION (Must be provided by each plaintiff.)

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 8-21-13.

(date)

Bruce Damoz Duncan

(Signature of Plaintiff)

NUECES COUNTY SHERIFF'S OFFICE

JAIL DIVISION

INMATE COMMUNICATION FORM

1

DATE: 8-21-13

DO NOT WRITE ON BACK OF THIS FORM

NOTE: USE THIS FORM FOR ALL REQUESTS FOR INFORMATION OR SERVICES WHILE IN THE NUECES COUNTY JAIL.

PLEASE CHECK THE SERVICES YOU ARE REQUESTING: VISITS/VISTITAS MAIL/CORREO

HANDLING OF PROPERTY/CUSTODIA DE PROPIEDAD FOOD SERVICE/ALIMENTACION

INMATE PROGRAMS/PROGRAMAS PARA PRESOS RELIGIOUS SERVICES/SERVICIOS RELIGIOSOS

LIBRARY/BIBLIOTECA COUNSELING SERVICES/SERVICIOS DE CONSEJO OTHER/OTRO

MEDICAL/SERVICIOS DE SALUD INMATE CLASSIFICATION/CLASIFICACION DE PRESOS

WORK RELEASE/LIBERTAD PARA TRABAJO STAFF TREATMENT OF INMATES/TRATAMIENTO DE PRESOS POR CARCELEROS

GRIEVANCE OFFICER

GIVE THIS FORM TO THE INMATE LIASION OFFICER

INMATE NAME: Bruce Duncan DOB: 09-09-62 SID#: D172842 UNIT: DST 1

NARRATIVE: I have a Right as a Citizen of the U.S. of America to use the Mail System to communicate with my family, Lawyer & friends. How can I stay in touch for communicate with the above people if the Mail dont get picked up or go out? You possible stamp on commissary for use of the Post System. Today again the Mail did not come in or go out (8-21-13) that's (4) four days & Counting. Nine I got (Continued) ^{INMATE'S SIGNATURE:} Bruce Duncan

THE FOLLOWING SPACE IS PROVIDED FOR A REPLY TO YOUR REQUEST:

Today I Started filling out the 1983, I have tried to exhaust my remedies, Lord knows I have and documentation will show no.

Inmate

SIGNATURE:

Bruce Duncan

DISTRIBUTION: WHITE-SERVICE DEPT.

YELLOW-RESPONSE

PINK-INMATE

NUECES COUNTY SHERIFF'S OFFICE

JAIL DIVISION

INMATE COMMUNICATION FORM

2

DATE: 8-21-13

DO NOT WRITE ON BACK OF THIS FORM

NOTE: USE THIS FORM FOR ALL REQUESTS FOR INFORMATION OR SERVICES WHILE IN THE NUECES COUNTY JAIL.

PLEASE CHECK THE SERVICES YOU ARE REQUESTING:

<input type="checkbox"/> HANDLING OF PROPERTY/CUSTODIA DE PROPIEDAD	<input type="checkbox"/> FOOD SERVICE/ALIMENTACION	
<input type="checkbox"/> INMATE PROGRAMS/PROGRAMAS PARA PRESOS	<input type="checkbox"/> RELIGIOUS SERVICES/SERVICIOS RELIGIOSOS	
<input type="checkbox"/> LIBRARY/BIBLIOTECA	<input type="checkbox"/> COUNSELING SERVICES/SERVICIOS DE CONSEJO	<input type="checkbox"/> OTHER/OTRO
<input type="checkbox"/> MEDICAL/SERVICIOS DE SALUD	<input type="checkbox"/> INMATE CLASSIFICATION/CLASIFICACION DE PRESOS	
<input type="checkbox"/> WORK RELEASE/LIBERTAD PARA TRABAJO	<input type="checkbox"/> STAFF TREATMENT OF INMATES/TRATAMIENTO DE PRESOS POR CARCELEROS	
<input type="checkbox"/> GRIEVANCE OFFICER		

GIVE THIS FORM TO THE INMATE LIASION OFFICER

INMATE NAME: Bruce Duncan DOB: 090962 SID#: 10172842 UNIT: D55-1

NARRATIVE (Continued) here on (7-22-13). This is a grave injustice to a person incarcerated cause some people can only get in touch with family, lawyer and friends by mail. I asked for a grievance and a Sgt. called and asked me Why. I needed a grievance form. In other words I'm being denied use of the grievance process to bring this matter. I have sufficient documentation to go on to my 1983 form. Thank you

INMATE'S SIGNATURE: Bruce Duncan

THE FOLLOWING SPACE IS PROVIDED FOR A REPLY TO YOUR REQUEST:

I could be wrong but I believe Nueces Co. Mail clerk think this is a game on Sheriff, Lt., Capt., Sgt. They need to know this is a serious matter

Inmate

SIGNATURE:

Bruce Duncan

DISTRIBUTION: WHITE-SERVICE DEPT.

YELLOW-RESPONSE

PINK-INMATE

NUECES COUNTY SHERIFF'S OFFICE

JAIL DIVISION

INMATE COMMUNICATION FORM

(3)

DATE: 8-12-13DO NOT WRITE ON BACK OF THIS FORM

NOTE: USE THIS FORM FOR ALL REQUESTS FOR INFORMATION OR SERVICES WHILE IN THE NUECES COUNTY JAIL.

PLEASE CHECK THE SERVICES YOU ARE REQUESTING: VISITS/VISTITAS MAIL/CORREO HANDLING OF PROPERTY/CUSTODIA DE PROPIEDAD FOOD SERVICE/ALIMENTACION INMATE PROGRAMS/PROGRAMAS PARA PRESOS RELIGIOUS SERVICES/SERVICIOS RELIGIOSOS LIBRARY/BIBLIOTECA COUNSELING SERVICES/SERVICIOS DE CONSEJO OTHER/OTRO MEDICAL/SERVICIOS DE SALUD INMATE CLASSIFICATION/CLASIFICACION DE PRESOS WORK RELEASE/LIBERTAD PARA TRABAJO STAFF TREATMENT OF INMATES/TRATAMIENTO DE PRESOS POR CARCELEROS GRIEVANCE OFFICER

GIVE THIS FORM TO THE INMATE LIASION OFFICER

INMATE NAME: Bruce DUNCAN DOB: 090962 SID#: 10172843 UNIT: ANY

NARRATIVE:

Since I been here (7-22-13) the Mail, have not went out 3 different times and didn't come in 3 different times. These days (3), different times was not State or Federal Holiday. Why is the mail not getting picked up every working day or coming in? My next step is to bring this to the attention of the U.S. Government

INMATE'S SIGNATURE: Bruce Duncan

THE FOLLOWING SPACE IS PROVIDED FOR A REPLY TO YOUR REQUEST:

8-12-13is the _____ other day

the Mail did not run.

No reply; today is the 21st of

August, 13. The Mail did not come

in or go out again Today.

Inmate

SIGNATURE:

Bruce Duncan

DISTRIBUTION: WHITE-SERVICE DEPT.

YELLOW-RESPONSE

PINK-INMATE

NUECES COUNTY SHERIFF'S OFFICE
JAIL DIVISION
INMATE COMMUNICATION FORM

Ne 15

(4)

DATE: 8-19-13DO NOT WRITE ON BACK OF THIS FORM

NOTE: USE THIS FORM FOR ALL REQUESTS FOR INFORMATION OR SERVICES WHILE IN THE NUECES COUNTY JAIL.

PLEASE CHECK THE SERVICES YOU ARE REQUESTING: VISITS/VISTITAS MAIL/CORREO HANDLING OF PROPERTY/CUSTODIA DE PROPIEDAD FOOD SERVICE/ALIMENTACION INMATE PROGRAMS/PROGRAMAS PARA PRESOS RELIGIOUS SERVICES/SERVICIOS RELIGIOSOS LIBRARY/BIBLIOTECA COUNSELING SERVICES/SERVICIOS DE CONSEJO OTHER/OTRO MEDICAL/SERVICIOS DE SALUD INMATE CLASSIFICATION/CLASIFICACION DE PRESOS WORK RELEASE/LIBERTAD PARA TRABAJO STAFF TREATMENT OF INMATES/TRATAMIENTO DE PRESOS POR CARCELEROS GRIEVANCE OFFICER

DSJ-1

GIVE THIS FORM TO THE INMATE LIASION OFFICER

INMATE NAME: Bruce Duncan DOB: 09 09 62 SID#: 10172842 UNIT: ANX

NARRATIVE:

I need an official grievance form
 I have a grave grievance to give as soon as possible.

INMATE'S SIGNATURE: Bruce Duncan

THE FOLLOWING SPACE IS PROVIDED FOR A REPLY TO YOUR REQUEST:

Today is the 21 of August, 13 and my request for a grievance form has not been fulfilled, so that means I've been denied the grievance system.

Inmate Bruce Duncan's SIGNATURE: Bruce Duncan

DISTRIBUTION: WHITE-SERVICE DEPT.

YELLOW-RESPONSE

PINK-INMATE

Bruce Damon Dawson (DSJ#1)
#1D172842/090962(D.O.B.)
P.O. Box 1529
Corpus Christi, TX 78403

Clerk, U.S. District Court
Southern District of Texas
FILED

AUG 26 2013

David J. Bradley, Clerk of Court

NUCEES COUNTY INMATE MAIL

United States District Ct.
Southern District of Tx. (Clerk)
1133 N. Shoreline Rm. 208
Corpus Christi, TX 78401

Attn:
Clerk

